

**CARTERET COUNTY PLANNING AND DEVELOPMENT DEPARTMENT**

**APPLICATION FOR BUILDING PERMIT**

Courthouse Square ♦ Beaufort, N.C. 28516-1898

Main Office (252) 728-8545 ♦ Western Office (252) 222-5833

PARCEL ID #: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ E-Mail \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ E-Mail \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

EXISTING STRUCTURES: YES / NO \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

CAMA PERMIT YES / NO # \_\_\_\_\_ HEATED SF: \_\_\_\_\_ UNHEATED SF: \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_ NO. OF STORIES: \_\_\_\_\_ OCCUPANCY TYPE: \_\_\_\_\_

COST/VALUE: \$ \_\_\_\_\_ MANUFACTURED HOME (ZONE: \_\_\_\_\_) EXPOSURE D: YES / NO

NEW SEPTIC: YES / NO NEW WELL: YES / NO PUBLIC WATER AVAILABLE: YES / NO #OF BED / BATHROOMS \_\_\_\_ / \_\_\_\_

GAS: YES / NO IF YES, HOW MANY APPLIANCES: \_\_\_\_\_

OPERATIONS PERMIT # / AUTH. TO CONSTRUCT #: \_\_\_\_\_

CONDITIONED CRAWLSPACE: YES / NO SQUARE FOOTAGE OF AREA TO BE ENCLOSED \_\_\_\_\_

COMMENTS: \_\_\_\_\_

OWNER / AGENT SIGNATURE: \_\_\_\_\_

***FOR OFFICIAL USE ONLY***

CASE / PERMIT # \_\_\_\_\_

COMM NO.	PANEL NO.	SUFFIX	DATE OF FIRM	FIRM ZONE	BASE FLOOD ELEV.	ELEV. CERT. REQ. YES / NO	BASE FLOOD ELEV. REQ. *
----------	-----------	--------	--------------	-----------	------------------	---------------------------------	----------------------------

50' BUFFER REQUIRED: YES / NO PUBLIC WATER REQUIRED: YES / NO DECO: YES / NO

JURISDICTION: \_\_\_\_\_ ZONING: \_\_\_\_\_ MAX BLDG HT: \_\_\_\_\_

SETBACKS: PRINCIPAL STRUCTURE: \_\_\_\_\_ FRONT \_\_\_\_\_ REAR \_\_\_\_\_ SIDE \_\_\_\_\_ SIDE ON CORNER

ACCESSORY STRUCTURE: \_\_\_\_\_ FRONT \_\_\_\_\_ REAR \_\_\_\_\_ SIDE

TYPE OF BUSINESS: \_\_\_\_\_ NO. OF REQ. PARKING SPACES: \_\_\_\_\_

SIGN REQUIREMENTS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Please take this to the Carteret County Western Office for Building Permit approvals. Your Planning and Zoning has been approved by:

Bogue ☐ Cedar Point ☐ County ☐ Indian Beach ☐ Peletier ☐

The applicant has certified that the information shown on the application, plans and specifications is correct and true to his/her knowledge. All work performed shall comply with the North Carolina State Building Code, Flood Damage Prevention Ordinance of Carteret County and all other regulations, rules and ordinances as applicable. Misinformation, lack of information, or statements made in error could result in revocation of all permits and subject the owner/agent to litigation in the process.

PLANNING & INSPECTIONS DEPARTMENT  
CARTERET COUNTY, NORTH CAROLINA

DATE: \_\_\_\_\_

PIN: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

- Show property lines with dimensions
- Show proposed structure with approximate dimensions
- Show any other existing structures on property
- Label distance to all property lines from proposed structure
- Label road, front, rear, and sides

DRAW PLOT PLAN BELOW

A large rectangular area filled with a fine grid of dashed lines, intended for drawing a plot plan. The grid is approximately 30 units wide by 40 units high.

\_\_\_\_\_  
APPLICANT / OWNER

\_\_\_\_\_  
ZONING OFFICIAL INITIALS

Date: \_\_\_\_\_ Case / Permit#: \_\_\_\_\_

**Carteret County Department of Planning & Development**

Property Owner / Agent Name: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

The subcontractors listed below will be responsible for performing the trade in which they are currently licensed at the above site address.

<u>Trade</u>	<u>Business Name</u>	<u>License #</u>	<u>Representative Signature</u>	<u>Witness Initials &amp; Date</u>
<b>Building</b>	_____	_____	_____	_____
E-Mail	_____	_____	_____	_____
<b>Electrical</b>	_____	_____	_____	_____
E-Mail	_____	_____	_____	_____
<b>Mechanical</b>	_____	_____	_____	_____
E-Mail	_____	_____	_____	_____
<b>Plumbing</b>	_____	_____	_____	_____
E-Mail	_____	_____	_____	_____
<b>Insulation</b>	_____	_____	_____	_____
E-Mail	_____	_____	_____	_____
<b>MH Set-up</b>	_____	_____	_____	_____
E-Mail	_____	_____	_____	_____



AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE  
N.C.G.S. §87.14

The undersigned applicant for Building Permit # \_\_\_\_\_ being  
the:

\_\_\_\_\_ Contractor

\_\_\_\_\_ Owner

\_\_\_\_\_ Officer/Agent of the Contractor or Owner.

Do hereby aver under penalties of perjury that the person(s), or  
corporation(s) performing the work setforth in the permit:

\_\_\_\_\_ has/have three (3) or more employees and have obtained  
worker's compensation insurance to cover them,

\_\_\_\_\_ has/have one or more subcontractor(s) who have  
obtained worker's compensation insurance covering them,

\_\_\_\_\_ has/have one or more subcontractor(s) who has/have  
their own policy or worker's compensation covering themselves,

\_\_\_\_\_ has/have not more than two (2) employees and no  
subcontractors

While working on the project for which this permit is sought, it  
is understood that the Inspections Department issuing the permit  
may require certificates of coverage of worker's compensation  
insurance prior to issuance of the permit and at any time during  
the permitted work from any person, firm, or corporation carrying  
out the work.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_